

Revision: HCFA-PM-86-20 (BERC)
SEPTEMBER 1986

ATTACHMENT 3.1-B
Page 1
OMB No. 0938-0193

State/Territory: GUAM

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Not Covered

The following ambulatory services are provided.

*Description provided on attachment.

TN No. 87-2
Supersedes
TN No. 81-9

Approval Date SEP 9 1987

Effective Date 2/1/87

HCFA ID: 0140P/0102A

17.

a. Transportation

1. Limited to ambulance in cases of emergency as certified by a physician.

ATTACH 3.1 - B D

changed per AT 82-30

1. Emergency ambulance services
2. Other transportation
As provided through cash assistance and services programs.

(SEE NEXT PAGE)

SUPERSEDED BY: TN # 85-2

APPROVED: JUNE 19, 1985 EFF: 1 APR 1985

ATTACH 3.1 - C

The State agency will establish and be responsible for a process(es) of Utilization Review for each item of care or service listed in Section 1905(a) of the Act that is included in the State Medical Assistance program in accordance with 45 CFR 250.20.

The Utilization Review Plan will meet the requirements of Section 1861(k) of the Social Security Act- with the same standards and procedures- where by the need for admission and continued hospitalization for each patient is determined on a timely basis.